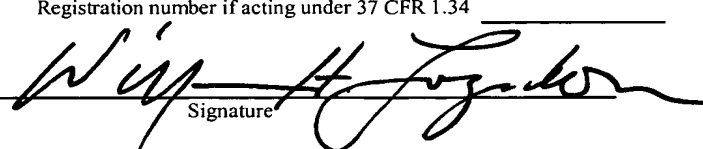




<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>964-031480</b>	
Application Number <b>10/664,406</b>		Filed <b>September 19, 2003</b>	
For <b>Mobile Machine</b>			
Art Unit <b>3618</b>		Examiner <b>Brian L. Swenson</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 <u>\$ 120.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 <u>\$</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 <u>\$</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 <u>\$</u>
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 <u>\$</u>
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-0650</u> . I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>22,132</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>June 7, 2006</u> Date	
<u>William H. Logsdon</u> Typed or printed name		<u>412-471-8815</u> Telephone Number	

06/12/2006 HASFAW1 00000083 10664406  
02 FC:1251 120.00 DP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 (in trip.) forms are submitted.